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Uniter the Paperwork Reduction Act of 1995, no persons are required to m				, the last	Application Number			09/986,119	
REVOCATION OF POWER OF ATTORNEY WITH					Filing Date			November 7, 2001	
NEW POWER OF ATTORNEY					First Named Inventor		Coldenberg		
AND					Art Unit				
CHANGE OF CORRESPONDENCE ADDRESS					aminer Name		Hankyel Perk		
			-	Attorni	y Doci	ket Number			
I hereby revoke all pravious powers of attorney given in the above-identified application.									
and a series of attorney divisit to the above-identified application.									
A Power of Attorney is submitted herewith.									
OR									
I hereby appoint the practitioners associated with the Customer Number: 37013									
Please change the correspondence address for the above-identified application to:									
✓ The address associated with									
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☐ App	licant/Invent	or,							
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)									
/SIGNATURE of Applicant or Assignee of Record									
Signature	1 7								
Name	David M. Gold	lenberg							
Date	3	-9-05		Tel	ephone	(973) 605-8	200		
NOTE: Signature	or of all the invent	ors or essignees of reci	and of the entire interest o	r their repre	DEFILITIVE(e) are required. Su	dmil multiple	forms If more than one	
Significant in required, one below. [2] "Total of 1 forms are submitted.									

This collection of information is required by 37 CFR 1.38. The information is required to obtain or retain a benefit by the public which is in file (and by the USPTO to proceed an application, Confidentistic is covered to 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is a simpled to take 3 minutes to complete, including gathering, propering, and submitting the completed application form to the USPTO. Time will very depending upon the ballviolal case. Any commercia on the amount of time you require to complete the form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Descripped the formation, P.O. Box 124, Alexandria, VA 2213-1240, DO NDT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1460, Alexandria, VA 22213-1450.

If you need easistance in complaing the form, call 1-800-PTO-9199 and salect option 2,